

Record Transfer Request



708 Chase Six Blvd
Boonsboro, MD 21713
301-432-4322
info@southmtdental.com

Date: _____

Dr. _____

Address: _____

City, State, Zip: _____

Phone: _____

Please send copies of all records and x-rays for the following patients to:

South Mountain Dental, LLC
708 Chase Six Blvd
Boonsboro, MD 21713
info@southmtdental.com

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Patient Signature (or parent/guardian if patient is under 18 years old)

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